

PLAINTIFF United States of America		COURT CASE NUMBER CR-06-0839
DEFENDANT Edward Fisher ET AL.		TYPE OF PROCESS Execute Preliminary order of forfeiture
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN \$500 installment check care of United States Marshals Service - E.D.N.Y.	
→ AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 225 Cadman Plaza East, Brooklyn, New York 11201	
<u>SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:</u>		Number of process to be served with this Form - 285
LORETTA E. LYNCH , United States Attorney Eastern District of New York 271 Cadman Plaza East, Seventh Floor Brooklyn, New York 11201 <u>Attn: AUSA, Kathleen Nandan</u>		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Please execute the Preliminary Order of Forfeiture.
\$500.00 check (08-FBI-006261) care of USMS and place in Asset Forfeiture Fund.

Signature of Attorney or other Originator requesting service on behalf of: <i>AUSA for</i> AUSA Kathleen Nandan	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (718) 254-6409	DATE 3/8/12
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>53</i>	District to Serve No. <i>53</i>	Signature of Authorized USMS Deputy or Clerk <i>Kathleen Nandan</i>	Date <i>3/8/12</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <i>3/8/12</i>	Time <i>AM</i>
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Service Fee <i>\$50</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>\$50</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*\$50.00 deposited into Asset Forfeiture fund Acct
on 3/8/12.*